

08-02-01

REISSUE

Please type a plus sign (+) in this box →



PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	10557/247605
First Named Inventor	John M. Cuckler
Original Patent Number	5,931,870
Original Patent Issue Date (Month/Day/Year)	08/03/99
Express Mail Label No.	EL602994867US

APPLICATION FOR REISSUE OF:  
(check applicable box)☒ Utility Patent☐ Design Patent☐ Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
  
(If Yes, check applicable box(es))  
  
☒ Written Consent of all Assignees (PTO/SB/53)  
  
☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

## ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Offer to Surrender Original Patent  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Other: \_\_\_\_\_

## 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

23370

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Kristin D. Mallatt

Registration No. (Attorney/Agent)

46,895

Signature

Date

8/1/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
10557/247605**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 46	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 76	**** 30	X\$ _____	or	X\$18=	540.00
(C) 05		(D) 10	* 05	= _____		X\$80=	400.00
Basic Fee (37 CFR 1.16(h))				\$ _____			\$ 710.00
Total Filing Fee				\$ _____		OR	\$ 1,650.00

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____	or	X\$ _____	
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	X\$ _____		X\$ _____	
Total Additional Fee					\$ _____		OR	\$ _____

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☒ Please charge Deposit Account No. 11-0855 in the amount of \$1,650.00.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

August 1, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Kristin D. Mallatt, Reg. No. 46,895

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS John M. Cuckler, et  
al.

PATENT NO. 5,931,870

ISSUE DATE August 3, 1999

SERIAL NO. 08/727,948 GROUP ART UNIT: 3738

FILED October 9, 1996 EXAMINER: Koh

FOR ACETABULAR RING PROSTHESIS WITH REINFORCEMENT BUTTRESS

ATTORNEY DOCKET NO.: 10557/247605

DATE: August 1, 2001

Box REISSUE  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

**CERTIFICATE OF MAILING (37 C.F.R. 1.10)**

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown above in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL602994867US addressed to Box Reissue, Commissioner for Patents, Washington, D.C. 20231.

  
Angela M. Rossi

KILPATRICK STOCKTON LLP  
Suite 2800, 1100 Peachtree Street  
Atlanta, Georgia 30309-4530  
(404) 815-6500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS John M. Cuckler, et  
al.

PATENT NO. 5,931,870

ISSUE DATE August 3, 1999

SERIAL NO. 08/727,948

GROUP ART UNIT: 3738

FILED October 9, 1996

EXAMINER: Koh

FOR ACETABULAR RING PROSTHESIS WITH REINFORCEMENT BUTTRESS

ATTORNEY DOCKET NO.: 10557/247605

DATE: August 1, 2001

Box REISSUE  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

ASSENT OF ASSIGNEE AND OFFER TO SURRENDER ORIGINAL PATENT

Smith & Nephew, Inc. is the owner of the entire right, title, and interest in U.S. Patent No. 5,931,870 by virtue of assignments from John M. Cuckler, Joseph Schatzker, Allan E. Gross, Constance E. Johnston, and Timothy McTighe, copies of which are attached, and by virtue of an assignment from David C. Kelman recorded in the U.S. Patent and Trademark Office on May 6, 1997 at Reel 008902, Frame 0690.

Pursuant to 37 C.F.R. §1.172(a), the undersigned assignee assents to the filing of the accompanying reissue application and assents to the filing of the Declaration for Reissue Patent Application of the inventors thereof.



008902-0690

**SECRET**

The undersigned is authorized to act on behalf of Smith & Nephew,

Date:

By: [Signature]

Name Joel Petrow

Title: Assistant Secretary